STATE EPIDEMIOLOGICAL WORKGROUP (SEW)
A Component of the Strategic Prevention Framework (SPF) State Incentive Grants (SIG)

USING DATA TO IMPROVE PREVENTION PRACTICE

SEW OVERVIEW

The success of State and community alcohol, tobacco and other drug prevention efforts lies, in part, in the effective use of data to identify problems and plan and monitor the effectiveness of prevention strategies. To facilitate the use of data in prevention decision-making, each State receiving funding from CSAP's Strategic Prevention Framework (SPF) State Incentive Grant (SIG) is required to establish and maintain a state epidemiological workgroup (SEW) for the five years of funding.

A SEW consists of a network of individuals and organizations who are knowledgeable about alcohol, tobacco, and illicit drug data and prevention issues. The SEW conducts careful data reviews and analyses on the causes and consequences of substance use to guide prevention decision-making. At the broadest level, the SEW functions to provide core support on an ongoing basis to the SPF SIG Advisory Council, which is tasked with guiding the SPF SIG's substance abuse prevention activities.

The primary mission of the SEW—improving prevention assessment, planning, implementation and monitoring efforts through the application of systematic, analytical thinking about the causes and consequences of substance use—is carried out by collecting, analyzing, interpreting and applying State and community level epidemiological data. The ongoing work and process of the SEW operationalizes the SPF SIG objective to use data to improve the planning, implementation, and evaluation of prevention practice.

This process of "***using data to improve decision-making***"
is important for several reasons:

1. It helps to inform and anchor problem identification and goal setting.

2. It increases the likelihood that the most significant problems will be targeted for intervention.

3. It drives prevention planning and implementation decisions --- assuring that strategies appropriately target problems.

4. It provides the basis for ongoing monitoring and evaluation to improve prevention efforts.

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SEW Linkages to Strategic Prevention Framework

The SEW functions to promote the use of data across the entire strategic prevention framework.

Examining, interpreting, and applying data are essential processes that help the States to (a) **assess** problems and set priorities, (b) evaluate and mobilize **capacity** to address them, (c) inform prevention **planning** and funding decisions, (d) guide the selection of appropriate and effective strategies for **implementation**, and (e) monitor key milestones, **evaluate** initiatives, and adjust prevention efforts as needed.

STEP 1: Assessment

The SEW plays a primary role in statewide needs assessment through the collection and analysis of epidemiological and other data. The SEW can (a) determine data needs (i.e., appropriate data, available sources), (b) collect and analyze data to identify problems (i.e., relative distribution, magnitude, patterns), and (c) interpret data analyses to outline priority needs.

STEP 2: Capacity

SPF SIG States also focus on building and mobilizing capacity to address needs identified in the assessment activities. The SEW can (a) assist the SPF SIG Advisory Council to collect, analyze, and interpret capacity data, and also (b) provide data and information to key stakeholders to mobilize and enhance state and community resources to address prevention priorities.

STEP 3: Planning

The SEW works with the State to establish a link between assessment findings and priorities for resource allocations. The SEW uses data from the needs assessment to recommend targets for the State Strategic Prevention Plan. These targets may reflect communities of place (i.e., particular geographic area), special population characteristics (i.e., age-groups such as the elderly), and/or substance-related behaviors (i.e., high binge drinking rates among youth). The SEW can also assist with subsequent community-level assessment activities.

STEP 4: Implementation

The SEW can work with the State and communities to determine strategies that effectively address priorities in the State Plan. The SEW may assist the State in data-driven efforts to select and implement effective strategies that are aligned with established State priorities. The SEW

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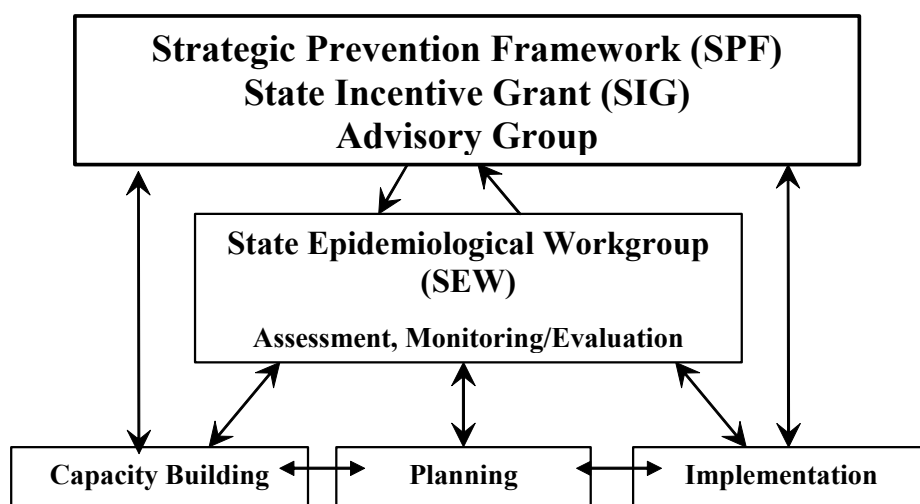*USING DATA TO IMPROVE PREVENTION PRACTICE*

can play a key role in establishing a link among (a) substance-related problems identified through State-level assessment, (b) causal factors that contribute to identified problems, and (c) strategies with evidence of effectiveness for addressing the causal factors and problems.

STEP 5: Evaluation

Based on data priorities that emerge from SEW assessment activities, the SEW can assist the State in developing a data monitoring system. The SEW can contribute to ongoing data collection and analysis to examine changes over time in substance-related problems, patterns of consumption, and other factors that influence them. The SEW can provide critical data to the Advisory Council and prevention providers to monitor key milestones and evaluate effectiveness of prevention efforts implemented. Based on data patterns and trends, the SEW may make recommended adjustments to the State and community prevention initiatives as needed.

Although components of the Strategic Prevention Framework (SPF) are expressed in steps (e.g., assessing problems comes before planning), the process is not simply linear. Rather, SEW contributions to SPF is a process of continuous feedback and updating. The SEW may play its most prominent role in assessing data priorities and subsequently tracking data trends over time. As seen in the figure below, however, SEW-related processes and products can contribute significantly to the SPF SIG's ongoing planning, implementation, and capacity building efforts.

Overall, the SEWs can function as a data-driven structure and process to direct, continually refocus, and strengthen alcohol, tobacco, and other substance prevention efforts statewide.

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SEW Structure and Organization

Membership

SEWs can involve agencies/organizations and individuals with the requisite data, skills, and/or decision making authority for using data to guide and improve substance-related prevention. Membership across States may ultimately vary. Substance use problems pervade a wide variety of domains (e.g., school, traffic safety, crime, public health), so numerous types of State and local agencies and organizations are likely to hold relevant data. To ensure that members will provide the necessary access to data, skills, and decision making authority, the following organizations/individuals for SEW membership can be considered:

- Public health agencies, including tobacco control
- Drug enforcement authorities
- Criminal justice/law enforcement
- Education
- Behavioral health, including alcohol and other drugs
- Research/statistics
- Others representing the history and cultural diversity issues relevant to the State's context

Knowledge and Skills

Regardless of whether States have an existing statewide epidemiological workgroup, are reconvening a formerly operational one, or are establishing a new one, certain critical skills or abilities are important among SEW membership:

- Access to critical State data on alcohol, tobacco, and illicit drug related consequences and related use patterns, such as health data (i.e., morbidity and mortality), law enforcement (i.e., crime statistics), and school data (i.e., student self-reports of substance use).

- Capability to analyze and interpret data to gain an understanding of the relative seriousness of various substance use problems likely to be present in any particular State.

- The ability to apply the outcomes of data analyses to decisions regarding prevention planning, funding, and strategy selection.

- Extensive knowledge of State context (i.e., socio-political, economic, cultural). Such information is crucial to understand problems and make prevention recommendations.

- Access to State decision makers and good knowledge transfer skills to communicate and move the findings of the SEW beyond the workgroup.

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SEW Leadership and Coordination

To facilitate the operation of the state epidemiological workgroups, it is important to establish well-defined processes regarding leadership and coordination of SEW activities.

- States can appoint and/or select a Chairperson to act as convener and overall leader, with primary responsibility for keeping SEW activities on-task with core expectations.

- States can identify and designate staff to coordinate and support the day-to-day SEW activities such as member recruitment, meeting preparation, planning and dissemination of SEW products.

- States can identify and develop a structural relationship between the SEW and the SPF/SIG Advisory Council. Data-driven information exchange and collaboration between the SEW and State planners are essential for success of the SPF SIG. For example, the SEW might designate a subset of its members to form a liaison or coordinating committee to connect SEW-related assessment findings with State decision-making. Alternatively, a joint committee comprised of members from both groups could promote ongoing contact, communication, and formal linkages between them.

- Data and decision groups can work together to use data rather than in parallel isolation. Mutual collaboration can increase the chances that the SEW products will be used as meaningful input to the Advisory Council's decision-making process

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Operating Principles to Consider

- ❖ Start small – it is easier to add representation once needs and resources are identified.
- ❖ Establish the purpose and goals of the workgroup in coordination with other participants so they feel invested from the beginning.
- ❖ Have clear, attainable objectives for the workgroup and its meetings.
- ❖ Give each participant a role to play and a contribution to make.
- ❖ Establish a regular timetable (e.g., quarterly) for members to meet to review, analyze, and draw conclusions for the data.
- ❖ Identify products and milestones to promote incorporation of data into alcohol, tobacco, and other drug prevention decision-making.
- ❖ Establish a schedule for regular contact with the SPF SIG Advisory Council to ensure ongoing communication and coordination .
- ❖ Ensure that structure and functioning of the SEW promotes ongoing and meaningful exchange of information and ideas between the SEW and State prevention leaders.

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SAMHSA Substance Abuse Prevention Database

In 2005, a new SAMHSA database will be available containing data on selected substance-related problems and related consumption patterns. The database is designed to serve two primary functions:

- To assemble data on substance related problems and consumption in one database for use by States.
- To guide States in their choice of key consumption problems and related consumption patterns and related measures of these problems and use patterns.

In addition to their usefulness for assessing substance-related problems and consumption patterns, the measures and data sources in the database were chosen because they:

- Provide estimates at the state level or lower;
- Are collected in a consistent manner across states and multiple years;
- Are available for all or most states.

Initial data and data sources will be available on the web and will include:

Substance Related Problems	Consumption Patterns
Mortality	Overall consumption
Crime	High risk use
Traffic Crashes	Use across populations

Problem Data sources	Consumption Data sources
CDC NVSS	NSDUH
UCR	BRFSS
FARS	YRBSS
	Alcohol and Tobacco Sales Data

Data will be posted on the web in early January for access by the States. The website address will be emailed to key State SPF SIG staff once functional. Technical assistance to help States access and use the database will be available through the Epidemiological Workgroup technical assistance providers. States may choose to use the data from the national dataset and/or use alternative or additional measures from other sources if State data exists on key substance-related problems or use patterns that allow for more in-depth analysis (e.g., if a state sponsors a survey at the community or school district level).

For more information or to inquire about the status of the database, please contact:
Julia Spencer
SPF SIG Project Officer
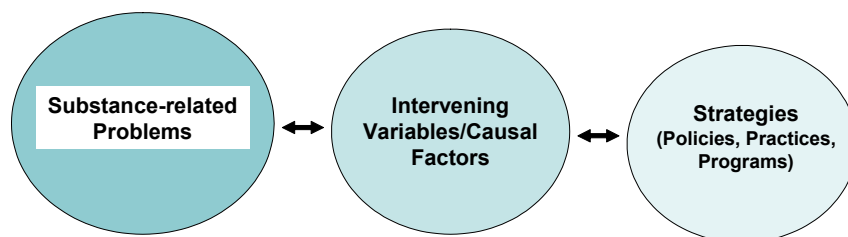(240)276-2564
jspencer@samhsa.gov

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Substance Abuse Prevention
www.samhsa.gov

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SEW Guiding Concepts

Outcomes-Based Prevention

Before States determine what strategies to fund and implement, it is important to begin with a solid understanding of the outcomes – the problems - to be addressed.

Substance abuse prevention planning begins with a clear understanding of the chief consequences of alcohol, tobacco and other drug use. Understanding the nature and extent of substance-related problems is critical for determining prevention priorities and aligning effective strategies to address them.
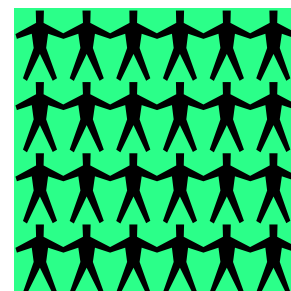
Public Health Model

A public health approach is population-based, focusing on preventing health problems and promoting healthy living for whole groups of people (e.g., people who share a common characteristic such as age (children) or residence in a geographic region such as a county). A public health approach incorporates multiple spheres of influence to understand determinants of substance-related problems.

These spheres of influence go beyond looking at individual characteristics to also address features of alcohol, tobacco, and illicit drugs and the physical and social environments in which people live, work, play, and interact.

Using Epidemiological Data

Epidemiology is the study of the distribution and determinants of health-related events in populations. In the SPF SIG, epidemiological data describes substance use and its consequences within and across populations. This kind of data helps to determine the magnitude, distribution, and patterns of substance-related problems. In particular, it helps address: (a) what substances are being used? (b) who is using them? (c) how they are being used? (d) what are the consequences?

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Suggested Tasks and Milestones for the SEW

The following table provides a suggested set of SEW tasks and related milestones. The highlighted area in the upper half calls specific attention to Year 1 functions and related State products. Processes and products in each State may ultimately vary.

YEAR 1: Suggested Tasks

Upon formation of a chaired and functioning epidemiological workgroup:

- The SEW directs efforts to review, adopt, and/or refine a state-specific list of substance-related indicators based on the Core Epidemiological Database provided by SAMHSA.

- A State Strategic Prevention Profile follows, based on SEW/SPF recommended indicators, that describes the magnitude and distribution of state-level substance-related problems and consumption patterns.

- The SEW uses assessment data and related-implications to recommend targets and priorities for the State Strategic Prevention Plan that drive mechanisms for resource allocations. (i.e., priority populations, geographic areas, particular substances).

SUBSEQUENT YEARS 2 – 5: Suggested SEW Tasks

SEW contribution continue beyond initial State-level assessment and planning activities:

- The SEW contributes to community-level assessment activities. These efforts focus on further problem analysis at the community level and examine the causal factors believed to contribute to the substance-related problem areas identified in the State Plan.

- The SEW assists the State in data-driven efforts to select and implement effective strategies that are aligned with established State priorities.

- Based on problem priorities that emerge from SEW assessment activities, the SEW assists the State in developing a system for ongoing monitoring.

- The SEW contributes to data collection and analysis activities to examine changes over time in substance-related problems, patterns of consumption, and other factors that influence them. The SEW provides critical data to the Advisory Council and community prevention providers to monitor key milestones and evaluate the effectiveness of prevention efforts implemented.

- Based on data patterns and trends, the SEW makes recommended adjustments to the State and community prevention initiatives as needed.

SPF SIG State Epidemiological Workgroups (SEW): Suggested Tasks and Related Milestones/Products.

		SEW Tasks	SEW-Related Milestones/Products
ASSESS	YEAR 1 FOCUS	A. Develop state-level structure that focuses on using data for decision-making related to the prevention of substance use problems.	a1. Established Statewide Epidemiological Workgroup. a2. Structures and procedures that connect and foster working relationships between the SEW and SPF SIG Advisory Council.
ASSESS	YEAR 1 FOCUS	B. Determine data needs to describe the magnitude and distribution of state-level substance-related problems and consumption patterns.	b. State set of substance-related data indicators recommended by SEW.
ASSESS	YEAR 1 FOCUS	C. Collect and analyze state-level data on substance-related problems and patterns of consumption.	c. Statewide Epidemiological/Prevention Profile.
ASSESS	YEAR 1 FOCUS	D. Prioritize prevention needs based on substance-related data to define state-level targets for consideration in resource allocation (i.e., priority populations, places, and substances).	d. SEW Recommendations to SPF SIG Strategic Prevention Plan.
PLAN	Subsequent Years 2 - 5	E. Develop a system for ongoing monitoring of State substance-related data to track progress on addressing prevention priorities.	e. State Monitoring and Evaluation Plan.
PLAN	Subsequent Years 2 - 5	F. Assist in identifying, collecting, and analyzing community-level data (in view of state priorities).	f. SEW input/guidance into community-specific data collection.
PLAN	Subsequent Years 2 - 5	G. Prioritize community-level intervention strategies based on state and community-level data priorities.	g. SEW input/recommendations into Community Plans – Proposed interventions based on state and local data priorities.
MON-ITOR	Subsequent Years 2 - 5	H. Collect ongoing data regarding changes over time in substance-related problems and patterns of consumption.	h. Data Indicator Time Trend Reports.
RE-PLAN	Subsequent Years 2 - 5	I. Use data to assess progress and improve prevention efforts.	i. Ongoing Data-Driven Improvement Process.

State Epidemiological Workgroup (Sew)
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Strategic Prevention Framework (SPF) State Incentive Grants (SIG)
Technical Assistance Overview

Provider: Pacific Institute for Research and Evaluation (contract with SAMHSA)
CSAP Project Officer: Julia Spencer

Contact Information:

Johanna Birckmayer, PhD, MPH	**Renée Boothroyd, PhD, MPH, CHES**
Project Director	*Associate Project Director*
Pacific Institute for Research and Evaluation	Pacific Institute for Research and Evaluation
11710 Beltsville Drive, Suite 300	11710 Beltsville Drive, Suite 300
Calverton, MD 20705	Calverton, MD 20705
Ph: 301-755-2788	**Ph:** 301-755-2740
Email: birckmayer@pire.org	**Email:** rboothroyd@pire.org

YEAR 1:   Focus on State-Level Needs Assessment and SPF SIG Resource Allocation

*Core Technical Assistance (TA) Areas include***:**

- Establishing a representative and functioning SEW.
- Accessing and using SAMSHA's set of substance use-related epidemiological data indicators.
- Adapting and refining SAMHSA's epidemiological data indicators for State-specific use.
- Planning and implementing epidemiological data inquiry

  - Collecting epidemiological data on substance use-related problems and consumption patterns.
  - Analytical processes to ask good questions of and use data.
  - Modeling use of data; organizing/using data findings to develop a State Needs Assessment/Prevention Profile Document.
- Using data to define state level prevention priorities for targeting resource allocation.
  - Setting priorities, influencing change.

Planned TA Products and Activities

- Assigned PIRE TA provider (for general TA and brokering specialized TA requests).
- Guidance Documents and Reference Tools to address core SEW tasks and products.
- Multi-State TA events to address shared priorities.
- State-to-State peer networking opportunities for cross-site learning.

Available TA Modes of Delivery

- Telephone, email, video conferencing, face-to face visits, workshops.

Obtaining TA

- Requests can be made by directly contact PIRE Technical Assistance Provider for your State (initial contact is Birckmayer/Boothroyd) or through CSAP State Project Officer (SPO).
- PIRE will inform CSAP SPO before providing services for requests requiring more than short follow-up (e.g., more than phone call). All TA contacts will be tracked and reported on an ongoing basis to CSAP.

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